D. Every item of infor-SICIANS should state AGE should be stated EXACTLY. Phr.SICIANS should seem. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. mation should be carefully supplied. TION is very important. B.—WRITE PL

V. S. No. 1

ż

STATE	OF	MARYI	AND-	-CERTIFIC	CATE	OF	DEATH
		IAI WIZ II	AINL				

1. PLACE OF DEATH	(131)
County Usue Mind eit	Registration Dist. No. 20
Village or City Down Sour Ill	No. St., Ward
ως /	death occurred in a hospital or institution, give its NAME instead of street and number) ds, How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred	now long in 0.3. If of foreign with: 5.7.
2. FULL NAME Commer of 429	2 CR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30, 193 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lucura Boch	22. A HEREBY CERTIFY, that I attended decreased from 1936, to 100, 1937
6. DATE OF BIRTH (month, day, and year) Act 201/856	I last saw hour alive on april 2, 1937; death is soid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
80 0 1 day,hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	972 fortarities to an enco
10. Date deceased last worked at 11. Total time (years)	'Dellasio'
year) chart worker as well dispatorine.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pursabert Rungan.	
13. NAME John Bock S 14. BIRTHPLACE (city or town) Bu Japan S State or country)	
14. BIRTHPLACE (city or town) A Du gap and	Name of operation Date of
State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME (Cres VON Gracio act	23-If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (NES VON OF SUCCES) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Martin Beek - M. (Address) A a oil or rather than	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL () As Mails	Manner of injury
Place of Mays und Margo Tate Many 3rd, 1937	Nature of injury
19. UNDERTAKER B & Hofping Co -	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 21, 1937. Leave, Suit	If so, specify (Signed) Anorthme Lay Go M. D.
, Registrar.	(Address) Des Julie
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emilepsy A 11 V 331781	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonities 2001 P NIII	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURGAU V. S.	July 5,1927	Peritonitis	3 days ago
{ <u>}</u>		F		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3800
1. PLACE OF DEATH	WITHIN CO.
County A - A -	Registration Dist. No.
Village or City Que cafolo Vold 1	No. El M Erg 2nc 4 Hofful Calst., 4 Ward death occurred in a horpita for institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Charles & Blake.	If U. S. Veteran, specify WAR
(a) Residence: No. 103 Clay	St., Ward,
(Paual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Walt	21. DATE OF DEATH While 9 1937
5a. If married, widowed, or divoced A And A	(Month) (Pay) (Year)
HUSBAND of Sladys Makiall Makiall	22 I HEREBY CERTIFY, That I attended deceased from 19.37 to While 9 19.37
6. DATE OF BIRTH (month, day, and year) Chriel 18, 1882	I last saw h un alive on at 19 19 27; death is said
7. AGE // Years Gut Months // Days // If LESS than	to have occurred on the date stated above, at 10.00m.
18 . April 18 Iday, hrs. or min.	the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROMYTERS	A company
Sandustry or business in which	John Helmen
work was done, as SILK MILL, SAW MILL, BANK, etc.	the fluggat when
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	11.12
Talbort Comple	Other Contributory Cames of Importance:
12. BIRTHPLACE (city or town)	KAD 1
II 13. NAME JOURS Blaks	
E O C	- In
14. BIRTHPLACE (city or town) ACOV ((State or country)	Name of operation Date of
15. MAIDEN NAME Marina un Enoun	What test confirmed diagnosis 1 WWCAL Was there an autopsy?
	23. If death was due to external causes (VIOL ENGE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Soladsy & Polahir	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 108 Charl ft.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 3 revertall End Dato while 13, 1937	Neture of injury
19. UNDERTAKER EHBPurker (Address) 47 Machineston	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4 1, 3, 19 3 / All hard	(Signed) Ulferth Ulderson M. D
Registrar.	(Address) Muser flux
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Dr and sides or

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis, 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. See				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 3801.
1. PLACE OF DEATH County Q Q Q Q	CORPORATE LIMITS ON
	Registration Dist. No. 5
	NoSt.,Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurredyrsmo	
2. FULL NAME Shill Infant Pores	WEST CUST VITE AN APPECITY WAR
(a) Residence: No. 3 Obotian Ollsan	St. Ward. 4
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yast)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Single	22. I HEREBY CERTIFY, That I ettended decessed from
A DATE OF BIRTH (mark)	I last saw h alive on 19 danth is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.
1997 along 91 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
2 Trade profession or particular	wera as follows: Date of one
Notes and a procession of particular and a procession of particular and a procession of particular and a procession which work was done as SII K MIII	July 20m
9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, atc.	
SAW MILL, BANK, stc	Jay O I from I
O this occupation (month and spent in this year)	KI WITH BURNY
12. BIRTHPLACE (city or town) Cum af olio IIId	Other Contributary Causes of Importence:
13. NAME Tary brewer 14. BIRTHPLACE (city or town) Cumafi olio	
(State or country) $G - G - C c - V M A$	Nama of operation Date of
	What test confirmed diagnosis?
The Change Chief	23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
H. D. J.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT 19 19 19 19 19 19 19 19 19 19 19 19 19	Specify whether injury occurred in INDUSTRY, in HOME, or in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brewer hell and Date aford 29 57	- Neture of injury
19 UNDERTAKER & HB Parks 24	24. Was disease or injury in any way related to occupation of decaased?
(Address) Hy Washington SAI	If so, specify
20. FILED. 423, 1937 All Inplus Registrar.	(Signed) (Address) (Address)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. May

Davis

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
22000			1 week ago
Cerebral hemorrhage MAY 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(B)
County WW	Registration Dist. No. 22
Village or City Odenton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?ds.
2. FULL NAME Joseph Thomas Garr	oll If U. S. Veteran, specify WAR Nove
(a) Residence: No. 1 Defention Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Comma M Carroll	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 12 / 1853.	I last saw hear alive on 4
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / m.
83 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Browchile and 3.18.3;
SAWYER, BOOKKEEPER, etc.	chr. myocordic -
Industry or business in which work was done, as SILK MILL,	gen ahlinosthrosis -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	ļ
year) occupation 20 year	Other Contributory Causes of jumportance:
12. BIRTHPLACE (city or town) CRWILLE Mont, Co. ma	John mumoney 4-1-37
(State or country)	ante cardiae Seletation 4-637
13. NAME MENOWN 14. BIRTHPLACE (city or town) waskernown (State or country)	
4 14. BIRTHPLACE (city or town) whenour	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Zyo-
15. MAIOEN NAME Comma M. Cleaves.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Emma M. Cleaves. 16. BIRTHPLACE (city or town) Pichmond Na.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William M. Garrall (Address) 4004 Alemnole ave.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fordon ark (in Oate 1/8 , 1937	Nature of injury
19. UNDERTAKER William Cook	24. Was disease or injury In any way related to occupation of deceased?
(Address) 1217 Ht Paul St. D.	If so, specify
20. FILEO aprilo 1937 Colarazin Harlech	(Signed) / Survey M. D.
Local Registrar.	(Address) Journal Color

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0.0			
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	The state of	1
	A	1881
	10	No. of Contract of
	-	

V. S. No. 1 B

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1. PLACE OF		-		WITHIN	SORPORATE !	-IMITE OF CT	
County	nne Arundel			(20)	Registratio	n Dist. No. 21	
Village or Ci	ty Annapolis	3		No. Market Si death occurred in a hospital or insti			Ward
Length of resid	lence in city or town where d	eath occurred 10	acomsiv_	death occurred in a hospital or insti-	of foreign birth?_	ME instead of street as	ad number) _mosds
2. FULL NAM	D - 1 4	Henry Ch		If U. S. Veterar			
(a) Residence		t, A.A.			, specif wat.		
(a) Residence	e. No. 1145 0 po 1	(Usual place of a	bode)	Sup wald.	If nonreside	nl give city or town	and State
PERSON	AL AND STATISTI	CAL PARTICU	JLARS	MEDICAL	CERTIFICAT	E OF DEATH	
. SEX	4. COLOR OR RACE	S. SINGLE, MARRIE	D, WIDOWED, write the word)	21. DATE OF DEATH	,	7	100 7
Male	White	or pivorcep ((Month)	(Day)	(fear)
If married, widowe HUSBAND of				22. I HEREB	YCERTI	FY, That I attend	led deceased fro
(or) WIFE of	None				, 19, to	- 1 - 3 - 10 m	, 19
DATE OF BIRTH (month, day, and yeer) Ur	known		I lest saw h elive en	wont one	week , 193	Z.; death is sa
AGE Yeer		Days	If LESS than	to heve occurred on the date sta	ited above, at /2	-SUM P. N	1
About 78	3		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DE were as follows:	ATH an Teleted ca	uses of importance	Date of onse
8. Trade, profess	sion, or particular ork done, as SPINNER, 1	1-4		Clay	le De	lateles	1
SAWYER,	BOOKKEEPER, etc	laterman		of the	HE	art	
work was	ousiness in which done, as SILK MILL, L, BANK, etc				and	mand.	/
10. Date decease this occup	d last worked at pation (month and	11. Total time spent in occupat	n this	mroms	my	Cam	cub.
	Odent			Other Contributory Causes of in	portance:		
2. BIRTHPLACE (city (State or coun	y or town)						
13. NAME Ri	chard Chane	У					
13. NAME R1	(city or town) A.A.	Co.		Name of operation		Date o	f
(State or				What test confirmed diagnosis?			
15. MAIOEN NAM	WE Elizabet	h Carter		23. If death was due to external	euses (VIOL ENCE) fill in elso the follo	wing:
15. MAIOEN NAM	(city or town) A.A.			Accident, suicide, or homicide?.		Date of injury	, 19
(State or		•		Where did injury occur?			Sa
7. INFORMANT	Richard Char	ney		Specify whether injury occurred	in INDUSTRY, in	or town, county and HOME, or in PUBLIC	PLACE.
(Address)	innapolis, 1	la.					
B. BURIAL, CREMAT	napolis, Mo	. April	9 37	Manner of injury			
				Neture of Injury			
9. UNDERTAKER	ohn M. Tay	or		24. Was disease or injury in any	LUM	cupation of decords	war N
(Address)	nnapolis,	10.	10	1650, specify	200	H An on	VA
O. FILED L.	4 100	MILL	1 4	Signed	7		

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

y important.

B.-WRITE PL

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				93-c	7.
County Anne	Arundel			Registration Dist. No	20
Village or City		ccurred 7	9_yrsmos.	NoSt death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. If of foreign birth?yrs	ward and number)
2. FULL NAME	Tucy We	lch C	lavtor	If U. S. Veteran, specify WAR	
	est Riv		100 404	St., Ward.	
(a) Residence: No		Usual place of	f abode)	If nonresident give city or tow	n and State
PERSONAL AND S	TATISTICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR Female Whit	OI	ngle, marr divorced Singl	IED, WIDOWED, (write the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of				22. HEREBY CERTIFY, That I atte	nded deceased from
(or) WIFE of				afrif 16 ,1937,10 afret	
6. DATE OF BIRTH (month, day, and	unar) Oat	4 18	E 17	Last saw h fee alive on A forsel 16 , 19	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at/_OP_m.	
79	c	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 Trade profession or particul	ar I	14	1 01	Mysel ardilio	Date of onset
kind of work done, as SP SAWYER, BOOKKEEPER, 9. Industry or business in whic work was done, as SILK ! SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month an		one			
9. Industry or business in which	h				
work was done, as SILK ! SAW MILL, BANK, etc					
10. Date deceased last worked a this occupation (month an year)	d	11. Total tin span ocaup	ne (years) t In this pation		
12. BIRTHPLACE (city or town)	A.A.Co.	Md.		Other Contributory Causes of Importance:	
(State or country)					
13. NAME William	Q.Clay	tor			
13. NAME William 14. BIRTHPLACE (city or town)	A.A.C	o.Md.		Name of operation	e of
(State of country)				What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME GE	rtrude		11	23. If death was due to external causes (VIOL ENCE) fill in also the fol	lowing:
15. MAIDEN NAME GE 16. BIRTHPLACE (city or town) (State or country)	A.A.Co	.Md.	·	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Johr (Address) West R	Clayto	r A.Co.	Md.	(Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOV	/AL			Manner of injury	
19. UNDERTAKER	ohn M.T	aylor	1 t	24. Was disease or injury In any way related to occupation of decease If so, specify (Signed)	
20. FILED 7/ 6., 19-7	1 W	100	Registrar	(Address) Othica	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAX B V.S.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis * • • •	1 year
		A NESTRIBLE BOX	

of infor-

Date of onset

Md.

Defo Registrar.	(Address) M. H. U. JESSU
If more blanks are needed, address State Registrar, 24	412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	н
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

STATE OF MARYLAND—CERTIFICATE OF DEATH

sta UP.	1. PLACE OF DEATH	34		
of uld CC	County WW.	Registration Disty No. 23		
should of OCC	Village or City Cirtiso Bary	No len myta ale references. W		
t S t	Length of residence in city or town where death occurred frsmos.	death occurred in a horpity or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos		
CORD. Every PHYSICIANS ct statement	2. FULL NAME MO: Catherine De	has If U. S. Veteran, specify WAR		
	(a) Residence: No Tennington are . Kutentin	St Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
E A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write file word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)		
A C ssife	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended decessed of Mark (7 197) to What 23 19 3		
	6. DATE OF BIRTH (month, day, and year) april 11th 1872	Hast saw h 4 alive on aquil 23 ,1932; death is		
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at A.m.		
IS A state prop	65 - 18 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:		
70	8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	Luctus Cardro - Varcula Riston?		
julies .	I E I	My oranded legementin a		
VK—T should it may n back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	generalys america 4/1/		
INK sh t it on	10. Date deceesed lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation			
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) A. A. Co. Inf	Other Contributory Canses of Importence:		
FA lied ms, stru				
	E OAP	No state of the st		
y sul ain t	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Was there en autopsy?		
E = 7	15. MAIDEN NAME Susan Hawkins.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
INLY, W) be carefu EATH in important	15. MAIDEN NAME Susan Hawkens. 16. BIRTHPLACE (city or town) A. A. Co. M.	Accident, suicide, or homicide? Date of Injury19		
NLY, e ca ATH nport	∑ (State or country)	Where did injury occur?		
PLAIN hould b	17. INFORMANT And Myra Interprete (Address) malen hick Road	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
WRITE nation s AUSE	Place Class / full Date May 1 St., 19.3	Neture of injury		
WRITE mation s CAUSE TION is	19. UNDERTAKER Strate Character Char	24. Was disease or injury in any way related to occupation of deceased?		
N. B.	20. FILE pulsy, 1937 me Sealla Registrar.	(Signed) 320 Vatapres line (Address) Palfo has (Moothy)		
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis MAY 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Anne Arunde	1		84	distriction Diet No. 2	./
			Reg	ISTLATION DISE, IVO.	
Village or City Crownsvil	Le Stat	e Hospit	al No.	St.,	Ward
Length of residence in city or town where de	ath occurred	yrsmos		birth?yrs	mosds.
2. FULL NAME Emi	ly Doug	las	If U. S. Veteran, specify	WAR	
(a) Residence: No. Ceda	arville (Usualplace	. Prince	George Gaunty, Ma		nd State
PERSONAL AND STATISTIC	CAL PART	CULARS	MEDICAL CERTIF	FICATE OF DEATH	
female black		RfED, WfDOWED, D (write the word)	21. DATE OF DEATH April 2n		, f93_7 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of			March 20th 1937		100
	3005	(0)			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	1897	(?)	I last saw h.C.T. alive on		(; death is said
40 (?) Unkn	Days	If LESS than f day,hrs.	to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and re		
_ 8. Trade, profession, or perticular	DAATT	ormin.	wara as follows: Exhaustion due to		Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dome	stic	pressive psychosi		?
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			-pressive psychosi		
10. Data deceased last worked at this occupation (month and year)	1f. Total t	ime (yaars) nt in this upation			
12. BfRTHPLACE (city or town) Mary	land		Other Contributory Causes of Importance: Manic depressive	psychosis -	
(State or country)			manic type		?
Henry	Douglas	3			
Henry 14. BIRTHPLACE (city or town) (Stata or country)	yland	~~******	Name of operation	Date of	
15. MAIDEN NAME Rebecca	a Ford		23. If death was dua to external causes (VIC		
15. MAIDEN NAME Rebecc: 16. BIRTHPLACE (city or town). Ma: (State or country)	ryland		Accident, suicide, or homicida?		
f7. INFORMANT Hospital (Address) Crownsyi			Specify whather injury occurred in INDUS	cify city or town, county and S TRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Private Cerulary	Date 4	3 135	Manner of injury		
19. UNDERTAKER De 1. Men (Address) Crownex	levote	Repy	24. Was disease or injury in any way relate		
20. FILED M. g. 3 , 1937	7/90	y C	(Signed)	lle. Marylan	od yo

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

ould state	1. PLACE OF DEATH County Anne Arus			———	Registration Dis	0.1	\$
iten sh	Village or City Morta Langth of residence in city or to		(If	No. death occurred in a hospital or institu			
CORD. Every PHYSICIANS Ict statement	2. FULL NAME Alic (a) Residence: NoNort	h Shore, or		If U.S. Veteran, Pastadenaward, F.D	•	ve city or town and	
et H	PERSONAL AND ST			MEDICAL C	ERTIFICATE C		State
NT RECO LY. PH i. Exact	3. SEX 4. COLOR OR Female White	RACE 5. SINGLE, M. OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	pril (Month)	27 (Day)	, 193.7 (Year)
PERMANENT RECORD. Every EXACTLY. PHYSICIANS by classified. Exact statement ate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willi	an F.Flagg	5	August 12,	CERTIFY,	cil 27,	19.37
A tted oper	6. DATE OF BIRTH (month, day, and y 7. AGE Years 7	ear August 4. Months Days 8 23	1859 If LESS than 1 day,hrs. ormin.	I last saw h er alive on to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were as follows:	ed above, at 10 A	A_em.	; death is said
HIS be be of c	8. Trada, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which work was dona as SII K M	NNER CAOUSOWIF		Chronic E			Date of onset
G INK—T GE should hat it may ns on back	9. Industry or business in which work was dona, as SILK M SAW MILL, BANK, etc	11. Tota	home Il time (years) pent In this 50 yr		Nephritis Sclerosis	3	10 years.
UNFADING I supplied. AGE n terms, so that ee instructions of	(State or country) Tonte	rookfield omery Co., iam Grady	Md.	Uromia	ary Edema	a	5 days
sur sur in to	14. BIRTHPLACE (city or town) (Stata or country)	Unknown	R.	Nama of operation	Urin e	Date of	utopsy? No
AINLY, Wald be careful DEATH in y important	16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT - Mrs - M J		F.D.	23. If death was due to axternal cat Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred le	(Specify city or toy	ta of injury	, 19
WRITE PI mation shoul CAUSE OF TION is ver	18. BURIAL, CREMATION, OR REMOVA Place. Louden. Pa 19. UNDERTAKER Romas A	AL Date Ap		Manner of Injury Nature of Injury			No
N. B.	(Address) (20. FILED GRUL 2-7, 19 3	elen Burn 1 Drobe	alba Registrar.	(Signed) (Addrass)	fall fluenon l	Burn	Си-м. D.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimode, Requesting U. S. No. 1.

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Example I		
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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THE COUNTY OF TH	. B Eyen ifem of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	Clans should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact	400
	[5]	-	(0)
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PLACE OF DEATH County arundel Village or City Edgewater (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 St: Ward) If death occurred in a hospital or institution, give its NAME instead of street and stumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April // , 193.7 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decensed from
6 DATE OF BIRTH	april 5. 1987, 20 april 11. 1987
February 14, 1861	that I last saw h exalive on agril 11 1987.
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs	and that death occurred on the date stated above, at J. 28.4.m. The CAUSE OF DEATH & was as follows: Flux bronslites
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs. mos. de. de
11 BIRTHPLACE OF FATHER (State or country) 12 DATE OF STATES (State or country) 13 DATE OF STATES (State or country)	(Signed) (Address) A Mac (Mac)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. de Where was disease contracted,
(Informant) Mus an Gardon Flet	Former or usual residence
(Address) Annapolis Maryland Filed 4-12 192 J. Hurfer Legistrar is more blanks are peeded, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Mt. Oliver Balti., Md. Agaril. 13., 1937 20 UNDERTAKER J. J. Laylor 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U.S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, cook at litional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many star recupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DI Housemaid, etc. If the occupation has been chinged ployed, as At whool or At home. Care should be taken definite salary), may be entered as Housewife, household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thas: Farmer (a) Foreman, (b) Automobile factory. The material W. Jalever, Write None. Statement of Occupation-Precise statement of ocetc., applies to each and every person, irrespective of For many occupations a single word or term on or Al Home, and children, not gainfully cmspecially in industrial employments, it is necesyrs.). For persons who have no occupanion without more precise specification as Day -Coal mine, etc. Wom-House-TH.

FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the larne disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions

the centificate is permanently filed

enswered in detail, it will prevent further correspond All the data is essential and must be obtained before

O Poisoned by carbolic acid-probably suicide. The na-Zquences (e. g., sepsis, tetunus) may be stated under the -lichel of "contributory." . thre of the injury, as fracture of skull, and consement (Nomenclature of the American Medical Association.) Fig this certificate is looked over thoroughly and all quescan be ascertained as th. symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for mulignant neoplasms); Mensles; (name origin; "Cancer" is less definite; avoid inges, peritonucum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas probably such. If impossible to determine definitely and qualify as accidental, sticidal, or monicidal, or State cause for which surgical operation was under "Puerperal septicuemia:""Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weeknese." etc., when a definite disease rhage." "Inanition." "Marasmns," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Examples: Whooping cough; fain-accident: Revolver wound of head-homicide; FOR VIOLENT DUALIS STATE MEANS OF INJURY cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.). Accidental drowning; Struck by railway Chronic valvular heart Carcinoma, Sarcoma, etc., of (R commendations on state-Example: Monsles cause. Always qualify all failure." The contributory "Coma," "Con-"Haemordiscuse; (second-(mercly (disease

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County A	Registration Dist. No.
Village or City Amapolis	No. 17 - Clay St., Ward
Langth of residence In city or town where death occurred 52 yrs mas.	death occurred in a horpital or institution, give its NAME instead of street and number)
2 FILL NAME Wannil Ola of	17.1.
(a) Residence: No. 99 - Clay	St. Ward.
(Uqual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH' (Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That attended daceasad from
6. DATE OF BIRTH (month, day, and year)	I last saw h & alive on A A 2 37; death is said
7. AGE Yaers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Myr Carolitis Jaw 193
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and	J
10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Asiacl Bess Cy (Stata or country)	Other Coathibutory Causes of importance:
I 13. NAME machael Teletiher	
13. NAMÉ MICHAEL /1 SELCHEL 14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Am Bouse	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
S (State or country)	Whare did Injury occur?
17. INFORMANT AND G TILLEGER (Address) Paralle mon.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 1 24 Lives 7 - Class Affect 46, 1937	Nature of Injury
19. UNDERTAKER (Addiess)	24. Was disease or injury In any way ralated to occupation of decaased?
20. FILED LIDEN LY 19 36 X MINISTER PARTY PORTION OF THE PARTY PAR	(Signad) (Address) 2 - Work T. Que poli hol.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	FEFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1987	July 5, 1927	Peritonitis	3 days ago
	BUREAUT			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 3814
1. PLACE OF BEATH	
County D. G. County	Registration Dist. No. 26
Village or City Beaching land	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Victoria Trecustra	If U. S. Veteran, specify WAR
(a) Residence: No. 440 Patapres uve	St. Ward.
Died at 9-3 rd and sual place of abode) 13 ro	If nonresident give city or town and State
PERSONAL'AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH Z677
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of John W Greenstook &	22. A HEREBY CERTIFY, hat Lattended deceased from
Ma 3.1.1019	197 (197)
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	I last saw h alive on, 10, death is said to have occurred on the date stated above, at m
1 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	Cardeo Ruel Insuffice. Profitones
kind of work done, as SPINNER forcewife SAWYER, BOOKKEEPER, etc.	Patient had allowoner and pursion her no
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	sine, since January, 1933.
SAW MILL, BANK, etc	Trivory cause of the myocardities : A lodly in fear
this occupation (month and spent in this year)	ted leg . a few years ago.
TO DEDITION OF City of	Other Contributory Canage of Importance:
12. BIRTHPLACE (city of lown) - (State or country) / Crquia	Chronic, Burationia
13. NAME Daniel M. Macten	for years. Cutha
13. NAME Daniell M. Maelen 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Unique	What test confirmed diagnosis Exacu. Was there an autopsy? No
15. MAIDEN NAME Sahelle Oeee	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State o) country) fugurea	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John of Theresteet for	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL Joseph Snowklane Park	Manner of injury
Place Gedan / dell Date 4/2 25, 137	Nature of Injury
19. UNDERTAKER William Cook	24. Was disease or injury in any wey related to occupation of deceased?
(Address) 12/7 St Paul II.	if so, specify N. A. PARO
20, FILED Cyril 26, 1937 Ida M. Whiton	(Signed) 1000 M. D.
Registrar.	(Address) 3364 / Hawaw 1 1.

0011

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other constitutory causes of importance:	
Gallstones	May 1,1923	Gastroente its	1 year

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	ADING INK-THIS IS A PERMANENT RECORD. Every-item of infor-	d. AGE should be stated EXACTLY. PHYSICIANS should state	, so that it may be properly classified. Exact statement of OCCUPA-
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See instructions on back of certificate. mation should be carefully supplied CAUSE OF DEATH in plain terms TION is very important.

MARGIN RESERVED FOR BINDING -WRITE PLA V. S. No. 1 N. B.-

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH	[1)
1. PLACE OF DEATH		(75)	
County arme arundel	,	Registration Dist. No. 2/	
Village or City Stoney Brees	4	No. Ilen Burns St., St., f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occ		sds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Marie, M	Gunther	If U. S. Veteran, specify WAR	
AI P	ele		
(a) Residence. No. 2 Political	Javal place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female While 5. SIN	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Yas	ar)
5a. If merried, widowed, or divorced HUSBand Herman Gr	unther	22. I HEREBY CERTIFY, That I attended deceased	from
F-1	13 1880		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h alive on	2 2910
57	9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profession, or perticuler	ormin.	were as follows:	onset
kind of work done, as SPINNER, Atorus,	enroch	al - or 1 homis le 1	
		7000	
9. Industry or business in which work was dona, as SILK MILL, at h. SAW MILL, BANK, etc	ane		
10. Date dacaased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation		
12. BIRTHPLACE (city or town) Jessen an	ny	Other Contributory Causes of Importenca:	
(State or country)		1	
13. NAME Dutkn	w		
13. NAME D mt Km	~	News of acception	
(State or country)	`	Name of operation	no
		What test confirmed diagnosis? Wes there an autopsy?	
	7	23. If death was due to external causes (VIOLENCE) fill in elso the following:	37
16. BIRTHPLACE (city or town) (Stata or country)	~	Accidant, suicida, or homicide? Date of injury 19	
17. INFORMANT 912 Herman Gu	nther	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Honey Creek 18. BURIAL, CREMATION, OR REMOVAL			
Piecesane Pausen Cesa Data	abril 4 103 7	Menner of Injury	
100012111111111111111111111111111111111	190.1.	Nature of injury	
19. UNDERTAKER form & Des	my	24. Was disease or injury in eny way ralated to occupation of deceased?	
(Addrass) 715 Feels	2	If so, specify	
20. FILED 4-1, 193/ d-	u. Do we	(Signed)	M.P.
	Registrar.	(Addrass)	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis AN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		=6 (102)

1. PLACE OF DEATH	95D BC - 11
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hospit (If Length of residence In city or town where deeth occurred 2 yrs. 7 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Nellie Hammond	If U. S. Veteran, specify WAR
(a) Residence: No. Baltimore, Maryland (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 1st ,193 7 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from August 31st 19 34, to April 1st 19 37
6. DATE OF BIRTH (month, day, and yeer) 1885 (?)	last saw her alive on April Ist 19 37; death is said
7. AGE Yeers Months Deys If LESS than 1 dey,hrs. ormin.	to heve occurred on the date steted above, at. 4. P m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Tada, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Det december on work at this occupation (month and sentence) spent in this securation than the sentence of the occupation occupation of the occupation	Acute cardiac dilitation
SAW MILL, BANK, etc	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Virginia (State or country)	Other Contributory Cause of Importance.
□ 13. NAME Jacob White	
13. NAME Jacob White 14. BIRTHPLACE (city or town) Virginia (Stata or country)	Neme of operation Date of What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME Kitty (Unknown)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Kitty (Unknown) 16. BIRTHPLACE (city or town) Virginia (State or country)	Accident, suicide, or homicide? Dete of injury 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece To Date Date 197	Manner of injury
19. UNDERTAKER DE P. Marler odi Suff (Address) Poronoville ma	24. Was disease or injury in any wex related to eccupation of deceased?
20. FILED CO D. L. (9.37 & -4. Jones	Signed) Townsville, Marykand M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY @ 1927	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Anne Arunde	e1		90	
Village or City Crownsy i	lle Sta	te Hospi	Registration Dist, ND. Lal No. St., f death occurred in a hospitator institution, give its NAME instead of street and numbe	Ward
Length of residence in city or town where	death occurred	yrsmo:	s	ds.
2. FULL NAME Geor (a) Residence: No. Sali		Maryland	St., Ward. If nonresident give city or town and State	•••••
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE black	OR DIVORCE	RIED, WIDOWED, D (write the word) TT1ed	21. DATE OF DEATH April lst (Month) (Day) (Day)	7 Yeer)
58. II married, widowed, or divorced HUSBAND ot (07) WIFE of UNKNOWN	1		22. ! HEREBY CERTIFY. Thet i attended decees October 28th, 1936. to April 1st	sed from
6. DATE OF BIRTH (month, day, end yaer)	1861			th is said
7. AGE Years Months Unkr	Days 10WI1	II LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 9:35 P.m.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	• otonset
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Farme.	r	Cerebral arteriosclerosis	
10. Date deceased last worked et this occupation (month and year)	11. Total ti spar	ima (years) nt in this		
12. BIRTHPLACE (city or town) Mar (State or country)	yland	••••••	Other Contributory Casses of Importance: Senility	
E 13. NAME Peter Harn	non			
13. NAME Peter Harn 14. BIRTHPLACE (city or town) (State or country)	ryland		Neme of operation Date of Date of What test confirmed diagnosis? Wes there an europsi	
15. MAIDEN NAME Marga	ret Par	ker	23. If death was due to external ceuses (VIOL ENCE) filt in elso the loilowing:	7:
15. MAIDEN NAME Marga 16. BIRTHPLACE (city or town)	ryland		Accident, sulcide, or homicide?	19
17. thFDRMANT Hospital R (Address) Crownsvi		ryland	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURJAL, CREMATION, OR REMOVAL			Menner of Injury	
19. UNDERTAKER 2 KP, U. (Address)	unter C	she Suff	24. Wes disease or injury in my way related to occupation of deceased?	
20. FILED Q AR 6 , 1937 E	7,10	Registrar.	(Address) Crownsville, Maryland	>-M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar,

	84)	10.		5	,
		Regis	tration Dis	st. No.	7
alvo.				St.,	Ward
6.3				nstead of street an	
ds.	How long In U.	S. if of foreign b	Irth?	yrs	.mosds.
	If U. S. Vete	eran, specify V	VAR		
St	Ward.	Baltim	ore.	Maryla	nd
01.,	ıvaru.			e city or town a	nd State
	MEDICA	L CERTIF	CATE	OF DEATH	
21. DATE	OF DEAT	TH			
	A	pril		22	193.7
		(Month))	(Day)	(Year)
22.	LHERE	BYCER	TIFY	That I attende	ed daceased from
Apri	1 13,	19 37	to AT	oril 22	ed daceased from
A land and h	im alive o	, .	F	1, 3	7 : death is said
		M	0 00	B p. m.	; death is said
		e stated above, e			
ware as follo	ws:				Date of onset
Exhaus	stion	due to	prol	onged	4
mai	nia				4/10/3
		51			
D. C.	butory Causes o	**			
Man i	c Denr	essive	Psvo	hosis-	
	Manic				
Name of opa	ration			Date of	
What test co	nfirmed diagnos	sis?		Was there a	n autopsy?
23. If death w	as due to exter	nal causes (VIOL	ENCE) fill I	n also the follow	ing:
Accident, sui	clde, or homici	de?	Da	te of injury	
Where did in	jury occur?				
Cifhad	has la !	(Speci	fy city or to	wn. county and S E, or in PUBLIC	otate)
Specify when	ner injury occu	rred in INDUST	KT, IN HOW	E, OF IN PUBLIC	PLACE.
Manner of in	jury				
Neture of in	игу				
24. Was disea	sa ok injury in	any way related	to occupati	ion of deceasad?.	
If so, specif	1h	/V	VI	(/	0
(Signed	1/1/1/	14	1/11	1/110	M. D.
	(Address)	Crowns	ville	e. Mary	land
	Ctreet Reltim	are Requesting 5			

OF

(Address)

19. UNDERTAKER (Address)

18, BURIAL, CREMATION, OR REMOVAL

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MADVI AND—CEPTIFICATE OF DEATH

1. PLACE OF DE				WITHIN CORPORATE LIMIT	
County_Anne	Arundel				<u>1</u>
Village or City	nnapoli	3		No. 82 Gloucester St. death occurred in a horpital or institution, give its NAME instead of stre	St.,Ward
Length of residence in	city or town where	deeth occurred 2	5 yrs mos	death occurred in a norphial or institution, give its IVAIVIE instead of stre	et and number)
2 FILL NAME	Molly H	aves Hen	rv	If U. S. Veteran, specify WAR	
(a) Residence: No.				St., Ward.	
(a) Residence. No.		(Usual place of	of abode)	If nonresident give city or to	wn and State
PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	тн
	lor or RACE Thite	5. SINGLE, MARI OR DIVORCED WILOW	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH April 14 (Month) (Dey)	, 193_7(Yeer)
5e. If merried, widowed, or d HUSBAND of (or) WIFE of Th(omas A.	Henry		22. I HEREBY CERTIFY, Thet I et	
6. DATE OF BIRTH (month,	dev end year)	Unknown		I last saw her alive on April -14,1	
7. AGE Years About 72	Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, et?&_m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importent were es follows: Broncho-pneumonia	Day6 of oncot
NOOL SAWYER, BOOKH SAWYER, BOOKH SAWYER, BOOKH SAW MILL, BAN 10. Dete decesed lest this occupation (i yeer)	s SILK MILL, H, K, etcvorked et month end	11. Totel ti	me (years) It in this		
12. BIRTHPLACE (city or tow (State or country)		0078	petion	Other Contributory Course of Importance: Chronic Myocarditis with acute di-	
13. NAME	Unknown			latation.	
14. BIRTHPLACE (city of				Name of operetion Do	ete of
15. MAIDEN NAME	Unknow	n		23. If death was due to externel causes (VIOLENCE) fill in elso the f	
16. BIRTHPLACE (city of State or country	town)!/			Accident, suicide, or homicide? Dete of injury.	, 19
17. INFORMANT J. V (Address) Ar	William napolis			(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PUE	and State) BLIC PLACE.
18. BURIAL, CREMATION, OF Place Sherbr		nada Ap	r. 16 ₁₉ 37	Manner of Injury	
19. UNDERTAKER JOH (Address) An	n M. Ta			24. Was diseese or Injury in eny way related to occupation of decee	sed?
(Address) An	37	2 May	Meh	(Signed) Addiscy lurus	2

V. S. No. 1

-WRITE

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CAUSE OF DEATH in plain terms,

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FOR BINDING

MARGIN RESERVED UNFADING INK-THIS classified.

properl

Exact statement

of OCCUPA-

RD. Every item of infor-

(Modress) 40 Franklin Stree Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting To

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Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago
AURCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County	()
Village or City No. / Least St., (If death occurred in Morpital or institution, give its NAME instead of street and number length of residence in city or lown where that occurred yes. Length of residence in city or lown where that occurred yes. Length of residence in city or lown where that occurred yes. Medical Residence: No. / Least St., Ward. (a) Residence: No. / Least St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winite the word) MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH Control of Widowed, or divorced HUSBAND of (Month) (Month) (Day) (Month) (Day) (Month) (Day) 1. HEREBY CERTIFY That I attended decease Marking St., 1937, to 1937	
(If death occurred in Akorpital or institution, give its NAME instead of street and number death of residence in city or lown where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs, was death yrs, was d	
Length of residence In city or town where that hoccurred yrs, mos, ds. How long in U. S. if of foreign birth? yrs, ds. How long in U. S. if of foreign birth? How long in U. S. if of foreign birth? yrs, ds. How long in U. S. if of foreign birth? How long in U. S. if of foreign birth? How long in U. S. if of foreign birth? How long in U. S. if of for	_Ward
(a) Residence: No. 14 Present St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St., Ward. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Day) 1 HEREBY CERTIFY That I attended deceases the state of the st	ds.
(a) Residence: No. 4 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE St., Ward. MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH St., Ward. MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Month) (Day) (Day) 1. DATE OF DEATH (Month) (Day) (Day) 1. DATE OF DEATH (Month) (Day) (Day)	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH 2. Month 1. DATE OF DEATH 2. DATE OF DEATH 3. DATE OF DEATH 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, WIDOW	
Female Cof, married. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward. Horizond. 1 HEREBY CERTIFY That I attended decease married. 22. March 37, 1937, to march 28, 1937.	
5a. If married, widowed, or divorced HUSBAND of Coronal HUSBAND of Cor	7
HUSBAND of Edward. Horward. 22. 1 HEREBY CERTIFY That I attended decease march 37, 1937, to apr 28, 1	ear)
1011	ed from
6. DATE OF BIRTH (month, day, end year) Lengt 10, 190 last saw h elive on 190 1, 193); deat	h is sale
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 140 m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance	ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most) and	7
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spent in this occupation occupation	
Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) (State or country)	
13. NAME La	
13. NAME 6 harles 1 carber. 14. BIRTHPLACE (city or town) Date of Dat	
14. BIRTHPLACE (city or town) Date of State or country) What test confirmed diagnosis? Was there an autopsy	2
15. MAIDEN NAME TO A PORT OF THE PROPERTY OF T	f
Z. Il death was use to external causes (VIOLENCE) fill fill elso the following.	0
Accident, suicide, or homicide? Date of Injury	9
(Specify city or town, county and State)	
17. INFORMANT CAUCAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) W	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Plece tope Chapet Dete 4.4.3.5, 19.3.7 Nature of Injury	
19. UNDERTAKER to the E please of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	رد
(Address) Cannatavio . And It so, specify my	
20. FILED 4 29, 19 37 Mules (Signed) (Address) 3 (Smells Gulls Gu)	M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
A SUPERM V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Example I		Example II	1
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAN V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
		. 41				

N. B.-WRITE

1. PLACE	of DEATH. Anne Arund	el		Registration Dist. No.
Village or	City <u>Crowns vi</u>		te Hospit (H	All No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 25 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL N	TT.	muel Ja	ckson	If U. S. Veteran, specify WAR
(a) Resid	ence: No. HO	(Usual place		ylsand Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex male	4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE SIN	RRIED, WIDOWED. (Write tha word) gle	21. DATE OF DEATH April 4th (Month) (Day) (Year)
5a. If merried, wid HUSBAND of (or) WIFE of				December 10th, 19 36, to April 4th 19 37
	H (month, dey, and year) 1 Yeers Months 55 Unkn	B82 Days Own	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated abova, at 4:15Am. M The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Cerebral arteriosclerosis
9. Industry of work saw 10. Oate deceded this or year)	(4) 44\	11. Total :	itime (years) ent in this ——— upation	Other Contributory Causes of importance: Senility
(Stete or c	Sam Jacks	on		
H 14. BIRTHPLA	CE (city or town)			Name of operation Date of Date of Whet tast confirmed diagnosis? Was there an autopsy?
(State	or country) Hospital		S	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNOERTAKER (Address)	DAR PW2	oete 4/6 where the courtle	Maryland J.,19 Ouf 21	Manner of injury Nature of injury 24. Was disease or injury in any wey releted to occupation of deceased? If so, specify (Signed)
20. FILED.	VC-92, 19-2		Registrar	(Address) Powns Wille, Mary land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis AV & 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	. PLACE OF D					9200	
	County	Ar	ne Aru	ndel		Registration Dist. No.	
	Village or City		Crowns	ville 3	tate Hosp	oit No. St.	Ward
\	Length of residence	in city	y or town where	death occurred_2	yrs 10 mos	f death occurred in a hospital or institution, give its NAME instead of street and nuss	imber)
2	FULL NAME		Sarah	Jenkins		If U. S. Veteran, specify WAR	
	(a) Residence: N	lD	667 We	st Fair (Usual place	mount Ave	St.Baltiwadre, Md. If nonresident give city or town and S	itate
	PERSONAL	ANI	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. e	male 4. c	OLOB	OR RACE Lack	OR DIVORCE	RIED, WIDOWED. D (write the word) TILE d	21. DATE OF DEATH April 27th	1937
5a.	If married, widowed, or	divor	ced			(Month) (Day)	(Year)
	(or) WIFE of	He	enry Je	nkins		June 14th 10 34 April ettended do	eceased from
6.	DATE OF BIRTH (month, day, end year))	Hast saw h er alive on April 27th 19 37.	19
7.	AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, at 10:45P.M.	
	48 (?)	Unkn	own	1 day,hrs.		Date of onset
OCCUPATION	8. Trade, profession, kind of work d SAWYER, BD01 9. Industry or busing work was done SAW MILL, BA	ess In	which	House	work	were es follows interstitia nephritis	2 mos
200	10. Date deceased last this occupation year)	t work	ed at	. spe	ime (years) nt in this upation		
12.	BIRTHPLACE (city or to (State or country)			land		Other Contributary Causes of importance: Acute mitral insufficiency	2 mos
ER	13. NAME	Co	rnelius	Green,	dead		
FATHER	14. BIRTHPLACE (city (State or count		vn) Mar	yland		Name of operation Date of What test confirmed diagnosis? Was there an au	
ER.	15. MAIDEN NAME		Mary I	homas,	dead	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsy?
MOTHER	16. BIRTHPLACE (city (State or count		/n)	Virgini	a	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Hospitals Records (Address) Crownsville, Maryland					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.	
18.	BURIAL, CREMATION,		MOVAL	len 4/	30 ,1937	Manner of injury	
	UNDERTAKER (Address)	24	18 9	eaus of	F Balt	24. Wes disease or Injury in any way related to occupation of deceased?	2
20.	FILED CHR. 30	0 1	3 / 5	-t. Joy	Registrar	(Signed) Att Mary and Crownsville, Mary and	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

TION is very important.

MARGIN RESERVED FOR BINDING

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis PECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	man and an			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

1)	0	63	- 2
Q	Ō	2	1

1.	PLACE OF DEATH				(33)		
	County Anne Ar	undel			Registration Dist. No. 2/		
i	Village or City Crown	sville	Stat	te Hospit	(all No. St., Warded to the street and number)		
	Length of residence in city or town	where death o	ccurred_14		t death occurred in a hospital of institution, give its NAME instead of street and number) 5. 26. ds. How long in U.S. if of foreign birth? yrs. mos. mos.		
2	FULL NAME An	nie Jo	hnson	n	If U. S. Veteran, specify WAR		
	(a) Residence: No. (S	treet	addre Usual place	ess unkno	ownst, Baltware Maryland If nonresident give city or town and State		
	PERSONAL AND STA	TISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. S	female black		NGLE, MAR R DIYORCEI W1QOV	RIED, WIDOWED, D (write the word) NO C	21. DATE OF DEATH April 21st ,1937 (Month) (Day) (Year)		
5a.	If married, widowed, or divorcad HUSBAND of Or) WIFE of Unknown	own					
	(or) WIFE of UNKIN	OVVII			Feb. 25th ,19 25 to April 21st ,1937		
6. DATE OF BIRTH (month, day, and year) 1877			377		Hast saw her alive on April 21st 1937; death is s		
7. A	0.0		Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 12:30 P.M.		
		Jnknow	m	ormin.	were as follows:		
Trade, profession, or particular kind of work done, as SPINNER, Unknown SAWYER, BOOKKEEPER, etc.			Inknov	vn	Senile arteriosclerosis		
ATI	9. Industry or business in which				-		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and							
Ö	10. Date deceased last worked at this occupation (month and		spei	ime (years) nt In this ———			
	year)			pation	Other Coutributory Causes of Importance:		
12.	BIRTHPLACE (city or town) Ma. (State or country)	ryland			Chronic tuberculosis (pulmonary		
ER	13. NAME Unkno	wn			and grandular)		
띰	15. NAME	Unkr	lown				
FATH	14. BIRTHPLACE (city or town) (State or country)				Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
ER	15. MAIDEN NAME Unk	nown	187	Beautile	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or town)	Ur	know	ı	Accident, suicide, or homicide?		
Σ	(State or country)				Where did injury occur? (Specify city or town, county and State)		
17.	INFORMANT Hospita (Address) Crowns			yland	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR, REMOVAL	Da	te 4/:	2-71937	Manner of injury		
19	UNDERTAKER TO K. P. Wa	ntervi	to 6	2 pt	24. Was disease or injury in any way related to occupation of deceased?		
13,	(Address)				If so, specify		
20	FILED 4/27. 37	2 34	109	4	(Signed) (Signed) M		
201	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	125	Registrar.	(Address) (Address) Maryland		

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Example I		Example II	
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Chronic interstitial nephritis MAN C 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE O	F MARYLAND-	CERTIFICATE OF DEATH	3825	
1. PLACE OF DEATH	•	1217		
County Unice Cra	yidel	Registration Dist. No.	22	
Village or City Lunaho	les jemelion	NoSt.,	Ward	
Length of residence in city or town where d	eath occurred 2 yrs 11 mo	f death occurred in a horpital or institution, give its NAME instead of street as. de. How long in U.S. if of foreign birth?yrs	and number)	
2. FULL NAME Mary	Ratherine,	King.		
(a) Residence: No. Quinak	olis Junet. Mi	St. Ward.		
	(Usual place of abode)	If nonresident give city or town	and State	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	Н	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAYQRCED (write the word),	21. DATE OF DEATH (Nonth) (Oay)		
5a. If married, widowed, or divorced HUSBANO of	1 - 1:		(1041)	
(or) WIFE of Alan	rd King	22. Filher BY SERTIFY That attent	ded seceased from	
6. DATE OF BIRTH (month, day, and year)	Bill. 1862	Hast saw han alive on april (st	7; death is sale	
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 115. m.	4-1 00000 10 0010	
75 3	/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rione	Ch. Well bis	Oate of onset	
9. Industry or business in which work was done, as SILK MILL.	me	Hypertetrion.	1436	
g - I this occupation (month and	11. Total time (years) spent in this	Chr. Myraulitie	1436	
year)	occupation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)	Judi	att op	5/-12	
	matri.	Meeting Faceupes	3/48/3	
14. BIRTHPLACE (city or town)	Lagerstonn	Name of operation	of	
(State of country)	ruga	What test confirmed diagnosis? Was there	an autopsy?	
15. MAIOEN NAME ROSE 16. BIRTHPLACE (city or town) 24.	Tung	23. If death was due to external causes (VIOLENCE) fill in also the follow	1000	
16. BIRTHPLACE (city or town) (State or country)	gerslow	Accident, suicide, or homicide?		
17. INFORMANT lolange Tu	Hasluf	Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	unellow hid	M		
Place Rose Hoifly	Date april 4 1937	Manner of injury		
W. 7676	acaldenel		thens	
19. UNOERTAKER (Address)	ud	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILE april 1, 1935 lol	ara M Hasluh	(Signed) Thankshill (Address) Savoer (M. D	
	Megistrat.	(Mudicos)	~	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

important.

TION

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	RD. Every	YSICIANS	statement
-	r RECO	Y. PH	Exact
HIN RESERVED FOR BINDING	ADING INK-THIS IS A PERMANENT RECORD. Every it	d. AGE should be stated EXACTLY. PHYSICIANS a	s, so that it may be properly classified. Exact statement of
FOR I	IS A P	stated	properly
Q	HIS	pe	be
ERVI	(K-T)	pluods	it may
RES	NG IN	AGE	that
NI	ADI	d.	3, 80

STATE OF MARYLAND-CERTIFICATE OF DEATH

0)	C) 6	3	á	ď	
			6	3	ŧ)	

1. PLACE	OF DEATH	3-3 0-		34	
County	Anne Arun			Registration Dist. No.	
Village or Langth of re	City Crownsy esidance In city or town whera	ille Sta	ate Hospi	ta No. St., We death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos.	
2. FULL N	AME Bi	ll Larry	V	If U. S. Veteran, specify WAR	
\		ithersb	urg, Mary	land Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex male	4. COLOR OR RACE black		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 2nd (Month) (Day) (Year)	
5a. If married, wid HUSBAND of LOCA WIEE of		У		22. I HEREBY CERTIFY. That I attandad daceased f Feb. 23rd	
6. DATE OF BIRTS	H (month, day, and year)	1900		I last saw h im aliva on April 2nd ,19 37; death is	
7. AGE Y	Years Months 7 U	Days nknown	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at . 3:25 Am M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Out of the olen	
SAWYE	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Labore	r	Cerebral spinal syphilis ?	
SAW N	r business In which vas done, as SILK MILL, dILL, BANK, etc	11. Total t	ime (yaars) nt In this ——— upation		
	(city or town) Mary			Other Contributary Causes of importance: Lues	
13. NAME	Tom Larry				
	CE (city or town)Un	known		Name of operation Date of Was there an autopsy?	
15. MAIDEN N	NAME Mary	(Unknown	1)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLA	CE (city or town)Unk: or country)	nown		Accident, suicide, or homicide?	
17. INFORMANT (Address)	Hospital Crownsvill		l and		
	ATION, OR REMOVAL Cenary of Jussey la		4/37,19	Manner of Injury	
19. UNDERTAKER . (Address) 20. FILED.	Robert Si Nochwille, W. 2. 1937	nacoal E.7.	Joy4 Registrar	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) (Address) Crownsville, Maryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1915	Attack of emilensy	
	interest by operopsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	July 5,1927	Other contributory causes of importance:

1.	PLACE O	F DEA	TH			84)
	County	Ann	e Arund	el		Registration Dist. No.
		,	1.1		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2	. FULL NA	ME	Thom	as P. L	aws	If U. S. Veteran, specify WAR
	(a) Reside		405	Jeffers (Usualplace	on Avenue	SCOWSOTWARD Nary land If nonresident give city or town and State
	PERSO	NAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH
3. S	male		or or race	5. SINGLE, MAR OR DIVORCE SING	RIED, WIDOWED. D(write the word)	21. DATE OF DEATH April 12th (Oay) (Year)
5e.	If married, wido HUSBANO of (or) WIFE of	wad, or dive				22. I HEREBY CERTIFY, That i ettended deceased from April 5th
6 1	ATE OF BIRTH	(month da	v and vear)	1892		Hest sew h im alive on April 12th ,1937; death is said
7. /	AGE Y	ears 45	Months Unkn	Days OWN	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 5: 35A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
OCCUPATION	9 Industry or work w SAW M 10. Date decea this occ	work done, R, BOOKKE business i es done, es 1LL, BANK,	es SPINNER, EPER, etc n which SILK MILL, etc rked at onth and	11. Total t	ima (years) nt in this ——— upetion	Exhaustion due to manic de-
12.	BIRTHPLACE ((State or co	untry)				Other Contributory Causes of importance: Manic depressive - manic type
ER	13. NAME	Ke	enneth L	aws		
FATHER		CE (city or t or country)	own)	Unknown		Neme of operation Date of Was there an autopsy?
ER	15. MAIDEN N	AME	Unknow	n		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER		or country)	own)		n	Accident, suicida, or homicide?
17.	INFORMANT (Address)	Hosp	rital Re Unkw		, Marylar	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	BURIAL, CREMA		REMOVAL Snow/hill ma	. Oate 4/1	3737,19	Mannar of injury
	UNDERTAKER (Address)	1631 0	hund relland	alland F. Jo	y Ce Registrar.	24. Wes dicease or injury in any way related to occupation of deceased? if so, specify (Signed) (Address) (Address) M. D. Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11/10/10/00/10/10/10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	i de la companya de l		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Refistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1.A. 6 1937			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	195-0 WITHIN CORPORATE LIMTE OF
County a.a.	Registration Dist. No.
Village or City annaforcing had	No/12 West St., Ward
/ VK / (IE	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
01-18-4-	P. P
2. FULL NAME Comarles Lin	
(a) Residence: No.// (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) Married	21. DATE OF DEATH 193 7
5a. If married, widowed, or divorced	(Month) / (Oay) (Y∉ar)
HUSBAND OF agnes Lindebon	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 25 - 1859	I tast saw h un alive on Aud Al 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above st. 7. 217m.
77 × 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_ N. Trade, profession, or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	1/ Cluvellas Filellahan Jan 183/
9, Industry or business in which work was done, as SILK MILL, Laundly France SAW MILL, BANK, etc.	Clerto delatatar y Heart Junion
10. Date deceased last worked at this occupation (month and year)	Chanse myocarditis Duration: two
0 10-0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1 surfellering flair
1 11 4000	31 Myranules Jan 43/
Ξ (// /////////////////////////////////	gin a
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Eligabeth 19 Naiser	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Jennerry	Where did injury occur?
17. INFORMANT L. Gones Lindleon	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RENOVAL	Manner of injury
Place of annal Oate april 2/, 19/	Nature of injury
19. UNDERTAKER 9 4 Hopelbass	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 4 27 , 19 37 9 m 1 Regispar.	(Signed) Ulbert Culpulan M. D. (Address) Sunables Up
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis '	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MANUAL S. H.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

FOR BINDING

MARGIN RESERVED

1	. PLACE OF DEATH			(84)	/
	County Anne Arund	lel		Registration Dist. No.	
	Village or City Crownsyi		(If	death occurred in a hospital or institution, give its NAME instead of street and a	number)
,	Length of rasidance in city or town whera	death occurred	yrsmos	.25 ds. How long In U. S. if of foreign birth?yrsm	osds.
2	. FULL NAME Edwar	d Locks		If U. S. Veteran, specify WAR	
	(a) Residence: No. 911 N	Vorth Car (Usual place of	roline St	tresc, t, Bewardimore, Maryland If nonresident give city or town and	State
	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	male diack	s. Stugle, Mark or divorced Sing	(write the word)	21. DATE OF DEATH April 29th (Month) (Dey)	, t93.7(Year)
5a.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of			22. ! HEREBY CERTIFY, Thet lattanded April 4th to 29 to April 29th	daceased from
	DATE OF BIRTH (month, day, and year)	1912		last saw h im alive on April 29th 1937	
_	AGE Years Months	Days	If LESS than	to have occurred on the date stated ebova, at 4:45A.m.	
	25 Unkr	ıфwn	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance ware as follows:	10000
NO	8. Trada, profassion, or perticular kind of work done, as SPINNER,	None		Exhaustion due to mental	Date of onset
OCCUPATION	SAWYER, BOOKKEEPER, etc 9. Industry or business in which	THOMO			
UP.	work was dona, as SILK MILL, SAW MILL, BANK, atc				
00	10. Date deceased last workad at this occupation (month and year)		me (yaars) et in this pation		-
12.	BIRTHPLACE (city or town) Maryl (State or country)			Other Contributery Causes of importance: Manic depressive - depressed	type
ER	13. NAME Joseph Lock	S			
FATHER	14. BIRTHPLACE (city or town) (State or country)	Marylan	nd	Neme of operation Date of What test confirmed diagnosis? Wes there are	
ER	15. MAIDEN NAME Edna	Earl Fra	nces	23. If death was due to externel causes (VIOLENCE) fill in elso the following	Z:
MOTHER	16. BIRTHPLACE (city or town) ME (State or country)	ryland		Accident, suicide, or homicide? Dete of injury Where did injury occur?	
t7.	INFORMANT Hospita	al Record	ds rvland	(Specify city or town, county and States Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18	BURIAN FREMATI NOOR PEMOVAL	Datofri	130,37	Menner of injury	
19	UNDERTAKER CARLA (Address)	you	ue St	24. Was disease or injury in any way related to occupation of decaasad?	
20	FILED BAN 31 , 1937 2	to fay	Registrar.	(Signed) (Address) Grownsville, Marylan	nd M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	NE SIE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUMERU			
Other contributory causes of importance:		Other contributory causes of importance:	TAKADI
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1987	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	- 318	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

STATE OF MAR	YLAND-CERTIF	FICATE O	F DEATH
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2823

1. PLACE	OF DEA	тн			23		0000
County_	Anne	Arundel				Registration Dist. No	252
	or City		Jessup	(1)	No.Md . House of f death occurred in a horpital or institution s. 3 ds. How long In U.S. if of for	Correction	St., Ward
2. FULL I	NAME	Elijah	Martin		If U. S. Veteran, sp	ecify WAR	
			(Usual place o	of abode)		If nonresident give city or t	
		ID STATISTIC				RTIFICATE OF DE	ATH
Male Male	Col	lored	5. SINGLE, MARK OR DIVORCED Sing	(write the word)	21. DATE OF DEATH	ril 14t (Month) (Day)	th, 193_7(Year)
5a. If married, wi HUSBAND ((or) WIFE o	of				February 8th		4th , 19 37
6. DATE OF BIR 7. AGE	Years 28	Months 6	Sept. 18 0ays 25	B, 1908 If LESS than 1 day,hrs. ormin.	I last saw h.1 alive on A D I to have occurred on the date steted a The PRINCIPAL CAUSE OF DEATH wera as follows:	bove, at 11:35mP.	M.
SAW SAW Work SAW	or business in was done, as S MILL, BANK,	as SPINNER, PER, etc which SILK MILL, atc	Labo Ur	orer oknown	Pneumo-Phthis	sis:	2-8-3
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Bartow, Georgia (State or country)				tin this Unk	Other Contributory Causes of importa	nce:	
™ 13. NAME		Martin	(1	Dec.)			
H 14. BIRTHPL		wn)Uniki			Name of operation What test confirmed diagnosis?	I	Date of
15. MAIDEN NAME Mary Martin Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Trace Plus Inthe (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Price Post Post Price Place Price P			23. If death was due to externel causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide?				
						19. UNOERTAKER (Address) 20. FILED	1

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 2007	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	٥.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

County A	inno Am	Indeal		NO.	22 25515
				Registration Dist. No	***************************************
Village or City		Jessup	(II	No. Md. House of Correctio	of street and number)
				6 ds. How long in U.S. it of foreign birth?yrs	
2. FULL NAME	John M	ccather	ine	If U. S. Veteran, specify WAR	
(a) Residence: No	Besseme:	r Ave., (Usual place	Gracelar	id Rark, Ward. Dundalk, Mar If nonresident give city	yland But or town and State
PERSONAL ANI				MEDICAL CERTIFICATE OF D	
male whi	or race	OR DIVORCE	RtED, WIOOWED, D (write the word) ngle	21. DATE OF DEATH April 22 (Month) (Oa	nd , 1937 (Year)
5a. If married, widowed, or divor HUSBANO ot (or) WIFE of	ced			22. I HEREBY CERTIFY, That	I attended deceased from
	ינו	oh 16	1074	April 16th 19 37, to April	-22nd, 1937
6. DATE OF BIRTH (month, day, 7. AGE Years	, and year) Months	eb. 16,	10/4	to have occurred on the date stated above, at 11:35m.	
7. AGE	2	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	
8. Trade, profession, or pa	rticular		ormin.	were as follows:	Date of ons
SAWYER, BOOKKEER	es SPINNER, PER, etc	Laborer		Lobar pneumonia:	Befo
9. Industry or business in work was done, as S SAW MILL, BANK, et	which	Unknow			4-1
10 Date deceased last work	te her	12 Total ti	mn (voore)		
this occupation (mon	th and nkno	spei	nt in this Unk.		
12. BIRTHPLACE (city or town)	Fortre	ss Monre	oe. Va.	Other Contributory Causes of Importance:	1 2 3
(State or country)				Alcoholic (chronic)	
13. NAME James	McCath	erine		Alconello (dilbille)	
13. NAME James 14. BIRTHPLACE (city or tow	vn)	Unkno	wn	Name of operation	Date of
(State or country)				What test confirmed diagnosis? W	as there an autopsy? no
15. MAIDEN NAME ME	artha M	cCather:		23. If death was due to external causes (VIOL ENCE) fill in also	the following:
16. BIRTHPLACE (city or tov	vn)Tīn	(O'Bri	en <i>)</i>	Accident, suicide, or homicide? Date of in	ijury, 19
(State or country) Unknown			P . 1	Where did injury occur? (Specify city or town, co	unty and State)
17. INFORMANT Srac (Address)	Less	up, Y	nd.	Specity whether injury occurred In INOUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMANON, OR RE	EMOVAL	n/a	011.	Manner of injury	
Place // CON	7	Date Cylin	ed 261937	Nature (t injury	
0.0					
19. UNDERTAKER 26m	2 10	507	1	24. Was disease or injury in any way related to occupation of d	leceased?
19. UNOERTAKER EUm (Address)	Bally	5 90	nd	24. Was dicease or injury in any way related to occupation of d If so, specify (Signed)	leceased?

MARGIN RESERVED FOR BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

V. S. No. 1

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Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis NAY 6 1937	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
propagit.					
The same of the sa					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY PHYSICIAN
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Tarker

of OCCUPA.

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEA		JE MAN	TLAND	CERTIFICATE OF DEATH	3
county Anne	Arundel			Registration Dist. No. 21	
Village or City_An	-		53 yrs LO mos	No. St., St., Gest occurred in a horpital or institution, give its NAME instead of street and number	_Ward
2. FULL NAME					
(a) Residence: No	Eastpo	Ort A.		St., Ward. If nonresident give city or town and State	
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Whi	r or race *	5. SINGLE, MAI OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word) i.ed	21. DATE OF DEATH April 4 , 193 (Youth) (Day) (Y	7 ear)
5a. If married, widowed, or divolute HUSBAND of (or) WIFE of	arrie l	Mitchell		22. JHEREBY CERTIFY, That I attended deceesed to the standard of the standard	ed from
7. AGE Years	Months	May I5 Days	If LESS than	to heve occurred on the date stated above, at & m.	115 3010
63	TO	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	ofonset
I	which ILK MILL, atc ked at nth and East am A.J.	port A.	time (years) ant in this upation A.CO.Md.	Dther Contributory Causes of Importance: Princery America in Calling Following	hu,
(State of country)	wn)	A-Co-Md.	•	Name of operation Date of Was there an au'opsy	1.74
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country) 17. INFORMANT Carri (Address) East	e Mitch	A.A.Co.		23. If death was due to external causes (VIÖLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.)
18. BURIAL, CREMATION, OR F	EMDVAL			Menner of Injury	
	hn M.		1.00 (1	24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed)	M. C

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis - , , FO	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NA 6 1027				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
and the second s				

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS :	\mathbf{BY}	PHYSICIAN
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1. PLACE OF DEATH	(ISI)
County Anne Arundel	Registration Dist. No. No. NAVAT. HOSPITAI. St., Ward
	No. NAVAI HOSPITAI. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Naval Academy General (Ususi place of abode)	endon Jr If U. S. Veteran, specify WAR None nettleysel Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the single single) 5. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 10 February 1937, to Apr 12 1937
6. DATE OF BIRTH (month, day, and year) Jul 19 1915	I last saw h.im. aliva on Apr 12 ,1937; death is said
	to have occurred on the date stated above, at6:50 PM The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, Student SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Naval Academy SAW MILL, BANK, atc. 10. Date decaased last worked at this consent land the county is the consent land the county and the county land the co	Septicemia 4-11-3
10. Date decaased last worked at this occupation (month and year)) mo e
12. BIRTHPLACE (city or town) Bennettsville, (Stata or country) South Carolina	Pyelonephritis 2-10-37
	Ureteral Calculus unknown
13. NAME Baxter Franklin McLendon 14. BIRTHPLACE (city or town) unknown- (State or country)	Name of operation XXX Date of
当 15. MAIDEN NAME unknown	23, If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown (State of county) 17. INFORMANT DANIEL HUNT Captain MC)	Accidant, suicida, or homicide?
(Address) Naval Hospital Annapol 18. BURIAL, CREMATION, OR REMOVAL PlaceBennettsville Schele 4-13-37	Manner of Injury XXX
19. UNDERTAKER B. L. HOPPING (Address) Annapolis, Md	24. Wes disease or injury in any way related to occupation of daceasad? NO If so, specify
20. FILED 4 13 , 19.37 MMWal.	(Signed) C.T. ALEXANDER LT(MC) USND.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIRIA	July 5,1927	Peritonitis	3 days ago
Designation of the second of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1.1.00		1 yea

ADDITIONAL	SPACE FO	R	FURTHER	STATEMENTS	BY	PHYSICIAN

County	Anne .	Arundl	е		Registration D	ist. No.	-/
Village or City	Crown	sville	, Maryla	nd No.		St.,	Ward
Langth of rasidance	in city or town where deet		4 (If	death occurred in a hospital or institu	ution, give its NAME	instead of street and	number)
	Olla Mo		yıs,moa				V3
2. FULL NAME			owel on d		specify WAR		
(a) Residence: N	o. Daltim	(Usual place of	aryland of abode) 7/3	North Bruce S	If nonresident g	ive city or town and	State
PERSONAL A	AND STATISTIC	AL PARTIC	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
		OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	April	25	7
Female	Female Black Married				(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	Bennie Mo	rris		Nov. 28	Y CERTIFY 19 36 to AI	That I attended or 11 25	deceased from
6. DATE OF BIRTH (month, day, and year)				Hest saw her elive on April 25 , 19 37; deeth is sa			
7. AGE Years	Months	Deys	If LESS than	to heve occurred on the dete state			
45			I dey,hrs.	The PRINCIPAL CAUSE OF DEA' were as follows:	TH and related ceuses	of Importance	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.				Pulmonary T	•B•		1/16/
kind of work di SAWYER, BOOM 9. Indústry or busine work was done SAW MILL, BAI 10-Date deceased last this occupation	ess in which , as SILK MILL, NK, etc	-					-
O Date deceased last this occupation year)	(month and	11. Total ti spen occu	me (years) It in this Ipation				-
12. BIRTHPLACE (city or to	Geor	gia		Other Contributory Causes of Imp	ortance:		
(State or country)				Pre-senile D	elusional	insani	ty
13. NAME	Edward Ha	11					
13. NAME 14. BIRTHPLACE (city (State or count	or town)Georg	ia		Name of operation		Dete of	
15. MAIDEN NAME	Eliza Wi	nston		23. If death was due to external ca			
O 16. BIRTHPLACE (city (State or count	15. MAIDEN NAME Eliza Winston 16. BIRTHPLACE (city or town) Georgia				D	ate of injury	 , 19. -
17. INFORMANT HO	spital Rec	ords		Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION,	or removal Aubburn	Oete 4/28	, 19.37	Manner of injury			
19. UNDERTAKER (Address)	homas E K 303 Prestm altimore,	elson an St. Maryla	nd	24. Was disease or injury in any of the second of the seco	way related to occupan	Vero	2 nd)

V. S. No. 1

N. B.-WRITE PLAINLY,

ECOLD. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT R

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

Stated EXACTLY. PHYSICIANS successtated EXACTLY Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis a 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County	n and State
(If death occurred in a horizated or institution, give its NAME instead of street Length of residence in city or town where leath occurred to the control of the control o	n and State
Length of residence in city or town where death occurred	n and State
2. FULL NAME (a) Residence: No. (Usual place of abode) FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of (Month) (Day) 22. 1 HEREBY CERTIFY, That I atte	n and State
(a) Residence: No. (Usual place of abode) EERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. It harried, widowed, or divorced HUSBAND of (or) WIFE of (Month) 22. I HEREBY CERTIFY, That I atte	
(Usual place of abode) FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. It married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I atte	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. It married, widowed, or divorced HUSBAND of (or) WIFE of 21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY. That I atte	, 193 (Year)
Figure White OR DIVORCED (write the word) 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I atte	, 193 (Year)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I stee, 19, to	The state of the s
(d) HIE di	-4-4-4
6. DATE OF BIRTH (month, day, and year)	; death is s
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at/	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trada profession or partiaular	Date of on
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date 'deceased last worked at this occupation (month and constitution).	
10. Date deceased last worked at 11. Total time (years)	
year) occupation spectral in this	
12. BIRTHPLACE (city or town) Omna Swels	
(State or country)	
13. NAME HEURY BIENOLS	
13. NAME NEWY ENGINEER Name of operation Date	of
(State of country) What test confirmed diagnosis? Was there	e an autopsy?
15. MAIDEN NAME Margaret Jegotingo. 16. BIRTHPLACE (city or town) No Honghar P. To Accident, suicide, or homicide? Date of injury.	owing:
	, 19
(Specify city or town county and	d State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
(Address) Crawnsville Me	
hiellownele had not by 13 139	
Nature of Injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased (Addiess) (Addiess)	/?
(Signed) Hun M. Chappe	7/
20. FILED. (Address) Gambrells	my

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION

N. B.

STATE OF	MARYLAND	-CERTIFICA	TE OF	DEATH
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STATE OF MARTLA	ND-CERTIFICATE OF DEATH
1. PLACE OF DEATH	20HD
County Rune according	Registration Dist. No. 23
Village or City Parapseo Park_	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
01 0	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Frage Fillian Mix	If U. S. Veteran, specify WAR
(a) Residence: No. Asker (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the Science)	
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Dept. 23- 1917	I last saw h alive on 19 death is said
	SS than to have occurred on the date stated above, at /2:05 Pm.
19 7 3 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chief Kirch Course of Leath 3-4-37
	Puesperal Jewar Unbarrons 3-6-37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Repticedia)
10. Date deceased last worked at 11. Total time (years)	Child from af Provident grantal
this occupation (month and spent in this occupation	Tox of the word two
12. BIRTHPLACE (city or town) Denvey	Other Courtibutory Causes of importance:
(State or country)	- Fried without medical attention
13. NAME John Micholson	after coming home.
14. BIRTHPLACE (city or town) Galtimore	Name of operation Darky hud at Hospital
(State or country)	What test confirmed diagnosis? Charles Was there an autopsy?
15. MAIDEN NAME GEATTIER Davis	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
(Address) Buoply W. J.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Magothy Date Mass 1	Manner of Injury Nature of injury
601 - 10 11 1 Dans	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) / Oval Brantly, av	If so, specify
20, FILEO April 24, 1937 more alba	egistrar. (Address) 9. 4 Mbs. Borrblus & wacons
	e Registrar, 2411 N. Charles Street, Baltimore, Requesting J. S. Noc. Linthicum, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI AUE	LOI	LOWINE	DIVITEMITE	DI	THEOLOGIAM

It is unlikely to	hat this patient	died of per	experal lever.	since death oc-
Curred. Rilt pir.	dans alta alio	dbirthe July	enculasio, was	anahacted but
uns eliminated.	0,,20			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3841
1. PLACE OF DEATH	<u></u>
County 7	Registration Dist. No.
Village or City was Leaburg	No. Walerbulle St., Ward
\ P	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Anny Cale	
1270 10	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.847 4. COLOR OR RACE S. SINGLE, MARRIED, WIBOWED, OR DIVORCED (prite the wind)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Odward Ogle	22. I HEREBY CERTIFY: Wat I attended deceased from 19.2.7, to 19.3.19.3
6. DATE OF BIRTH (month, day, end yeer)	/lex saw her elive o Charle 18/5 19.32 death is sel
7. AGE Yeers Months Oeys If LESS than	the heve occurred on the det stated above, et 31/0 cm/
63 0 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A decisions
SAWYER, BOOKKEEPER, etc.	Who wis by to chital !
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month and	Mary Mary 19
10. Dete deceesed lest worked at this occupation (month and spant in this	Mejmus
year) po:upation	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town)	A
(Stete or country)	//penia /d
13. NAME 13. NAME 14 14 14 14 14 14 14 14 14 14 14 14 14	
I BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME maria Jacobs	What test confirmed diegnosis? Wes there an eu'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Cocking Hadragen (Address) 908 0 000 st	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manper of Injury
Place Wallbury Date Thy 16, 1937	Nature of injury
19. UNOERTAKER	24. Was disease or injury in any wey releted to occupation of decased?
20. FILED 4 15, 19. 27 Registrar.	(Signed) M. I
If more blanks are needed, address State Registrar,	, 2411 N. Charles Sheey Baltimore Rough 6.5. No. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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er de la company	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

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V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County CO A	Registration Dist. No. 124
Village or City Caralys Les ho	No. Company Division No. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth!yrsmosds.
2. FULL NAME & andolph Over	If U.S. Veteran specify WAR
(a) Residence: No. Carrell 7141	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 37
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1. 72	19.77, to 19.77
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys if LESS than	I last saw h last alive on 1932/; death is seid
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated effove, at
Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	
9. Andustry or husiness in which	The one when a /mo
work was done, es SILK MILL, SAW MILL, BANK, etc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Date deceased lest worked et this occupation (month end year)	Willemann Jan
DADSTL &	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 Willinglys 1996
	Disculles Jag
13. NAME UT IMM COLUMN 14. BIRTHPLACE (city or town) Quage 20	70
14. BIRTHPLACE (city or town) Lagter	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TON SUMOIN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME May Survet n 16. BIRTHPLACE (city or town) Que De	Accident, suicide, or homicide?, Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs See B Jucks	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER Why MJaylor (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDalos 4 , 1937 America	(Signed) (1 QM. D.
Registrar. If more blanks are needed, address State Registrar,	(Address) / Manuaptro Mr
1) more viants are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		# 12 3p.	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAL
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	STATE OF	MARYLAND-CERTIFICATE	OF	DEATE
--	----------	----------------------	----	-------

1	PLACE OF DEA	тн			97		
	County Anne	Arunde			Registration Dist. No		
	Village or City	rownsvi	lle Sta	te Hospit	tal _{No.} St Ward		
	Length of residence in c	ity or town where d		(II	f death occurred in a hospital or institution, give its NAME instead of street and number) 29_ds. How long in U.S. il of foreign birth?		
2	FULL NAME	Juli	a Pauls		If U. S. Veteran, specify WAR		
	(a) Residence: No.	Cent	reville	, Marylar	1d St., Ward. If nonresident give gity or town and State		
-	PERSONAL AN	ND STATISTI			MEDICAL CERTIFICATE OF DEATH		
	EX 4. COLO	or or race	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 15th (Month) (Oay) (Year)		
5a.	II married, widowed, or div HUSBAND of (or) WIFE of	orced Eliaa P	auls		22. I HEREBY CERTIFY. That I attended deceased from		
-	DATE OF BIRTH (month, da	y, and yeer)	1869		Hest sew h er alive on April 15th 19 37 death is seid		
7. /	AGE Years	Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, at 6 = 50 A a.M.		
_	68		nown	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
NO	8 rade, profession, or p kind of work done SAWYER, BOOKKE	articular , as SPINNER,	Domest	ic	General arteriosclerosis Decofonate		
OCCUPATION	9. ledustry or business i	n which	Dollogo	10			
3	work was done, as SAW MILL, BANK,	SILK MILL, etc					
000	10. Date deceesed last wo this occupation (mo year)	onth and	- spe	ime (years) nt in this == upation			
12.	BIRTHPLACE (city or town) (State or country)	Mary	land		other Ceatributery Causes of Importance: Senility		
ER	13. NAME PE	erry Bro	wn				
FATH	14. BIRTHPLACE (city or t		Marylan	d	Name of operation Date of		
F	(State or country)	OWII)			What test confirmed diagnosis?		
ER	15. MAIOEN NAME	Fanni	e Hamon	d	23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or to	own). Ma	ryland		Accident, sulcide, or homicide? Date of Injury		
Σ	(State or country)				Where did Injury occur?		
17.	INFORMANT HOS (Address)	pital R ownsvil	ecords le, Mar	yland	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR Place	Tooks Cec	Date 4/19		Manner of injury		
19	UNDERTAKER DAOL	1 P. Win	lesole Du	pt.	24. Was dicease or injury in any way related to occupation of deceased?		
13.	(Address)	ownavile	i zu	<i></i>	If so, specify		
20.	FILEO 7/19	1927. 8	Floye	((Signed) (Signed) (Signed) (M. D) (M. D)		
	1		1/0	P Registrar.	(Address) Crownsville, Maryland		

V. S. No. 1

N. B.-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	CRADE S
Gallstones	May 1,1923	Gastroenteritis	1 year

(N)	state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3844
	' =	County Earleigh Heights, Anne Arundel Cou	enty, Md. 159 Registration Dist. No. 2/
Tr. ifem	S sh		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
C) v	PHYSICIANS ct statement		If U. S. Veteran, specify WAR
the second	PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LY. PH. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATEAREMEATH 3rd. 1937 (Month) (Day) (Year)
BINDING	200	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
<u></u>	ted E perly ficate.	6. DATE OF BIRTH (month, day, and year) April 3rd 1937 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on, 19; death is said to have occurred on the date stated above, at
ED FOR	pe of c	8 Trade profession or particular	were as follows: Data of one at Deta of one at
RESERVED	may back	Kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9 Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Date deceased last worked at this occupation (month and spent in this	(Carris Pindell, Midwife)
RES	at at	this occupation (month and spent in this occupation ————————————————————————————————————	Othar Contributory Causes of importance:
MARGIN R	so	12. BIRTHPLACE (city or town) Earleigh Heights, A. A. Co.	
ARC	supplied. n terms, ee instru	13. NAME WILLIAM A. Pettigrew 14. BIRTHPLACE (city or town) Lexington, Va.	
MA	00 =	14. BIRTHPLACE (city or town) - Lexington - Va. (State or country)	Name of operation Date of Whe1 test confirmed diagnosis? Was there an autopsy?
	refu in ant	15. MAIDEN NAME Clara Johnson 16. BIRTHPLACE (city or town) Loxington Vac	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Z	be car EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	should OF D	17. INFORMANT	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	_ E .#	18. BURIAL, CREMATION, OR REMOVAL Place Couleigh Heighton Afri, 3, 1937	Manner of Injury
- 2	mation s CAUSE TION is	19. UNDERTAKER J. Johnson Johnson	24. Was disease or injury in any way related to occupation of deceased?
S. N.		20. FILED 4-3, 1937 Les (20. FILED 4-3)	(Signed) Manufred
> 2	4	Registrar.	(Addrass) Action Corner - Towned de

(Addrass) Acting Carous - founds If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ndi- di-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	4	e (
Other contributory causes of importance:		Other contributory causes of importance:	1 1 1 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF Registration Dist. No. Ward) If death occurred in a hospital or instituion, give its NAME in-Pullmann ctend of street and 16 DATE OF DEATH 3 SEX COLOR OR RACE | 5 SPACE. on back HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH March 29 193.7, to Upril (Day) (Year) and that death occurred on the date stated above, at .9 7 AGE If LESS than I day hrs. teri Cerebral Hounte (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in(Duration)yra.....mos..... which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE FZW OF FATHER State the Misease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Sulcidal or Homicidal, 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos da. State, yrs. mos. da. (State or country) Where was disease contracted, if not at place of death?..... usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL if more blanks are needed, address State Registrar.

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been charged gaged in domestic service for wages to Service ployed, as At school or At home. Care should be definite salary), may be entered a. Ho and fee household only (not paid Housekeepers : the registers en at home, who are engined in the er," etc., without more precise specification as Day worked on may form part of the second statement Spinner. (b) Cotton mill; (a) Salesman. (b) (10 ery; should be used only which needed additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locaspile engineer the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Whatever, write None. business, that fact may be indicated thun: Farmer state occupation at heginning of illness to report specifically the occupations of person laborer, Never return "Laborer," "Foreman." "Manuger," "Deal-(a) Foreman, (b) Automobile factory. nature of the business or industry, and Statement of Occupation - Precise statement of oe For many occupations a single word or term on or At Farm laborer, Laborer-Coal mine, etc. Womyrs.). For persons who have no occupation Home, and children. If retirde from allufully Conseduties of the The material therefore an Cook, poggi;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Or coro pond fever (the only definite synonym is "Epitemic combro spinal meningitis"); Diphthera (aveid ne of 'Croup'); Typhoid fever (never report "Typhoid pheumonia,"); Lobar pacumonia, Bronchopheumonia ("Pheumonia,")

tions answered in detail, it will prevent further correspond-

. Il the data 's essential and must be obtained before

certificat is permanently filed

If this certificate is looked over thoroughly and all ques-

symptomatic), "Atrophy," "Collapse," "Coma," "Convultation "Debility" ("Congenitation "Sentite," etc.) niges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puenperal septionemia," "Puenperal peritonitis," diseases resulting from childbirth or misearriage can be ascertained as the cauce. Always qualify all "Uncomia," "Wesknesa." rhage." "Inanition." "Murasmus," "Old Age," "Shock," "Diver." "Thaustich," "Teart conditions. ary), 10 ds. Never report mere symptoms or causing death). 29 ds.; Bronchopneumonia stated unless Chronic use of "Tunor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menfuences (e.g., sepsis, tetanus) may be stated under the 3,111 (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart Poisoned by carlotic acid—probably suicide. Examples: Nominelature of the American Medical Association.) nent of cause of death approved by Committee rem- accident; Revolver wound of head-homicide; of the injury, as fracture of skull, and conseof "eoutributory." For VIOLENT DEATHS state interstitial nephritis, such as Accidental drowning; Struck by railway important. "Asthenia." "Anaemia" etc., when a definite discase (Recommendations on state-Example: Meastes ete. The contributory failure," "Haemor-MEANS OF INJURY Measles; discase; terminal (disease (seeond-(merely not be ete.

FOR

RESERVED

MARGIN

Other Contributory Causes of importance:

Nama of operation

Where did injury occur?_____

Senility

OCCUPATION occupation ____ Maryland 12. BIRTHPLACE (city or town) (State or country) Unknown FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town)_____ (State or country) Julia Reeder 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknown (State or country) Hospital Records 17. INFORMANT Crownsville. Maryland (Address)

18. BURIAL, CREMPATION, OR REMOVAL

19 UNDERTAKER

Nature of injury

24. Was disease or injury in eny way related to occupation of deceased?

If so, specify

(Signed DOWNS VILLE, Maryland

What test confirmed diagnosis? _____ Was there an autopsy?____

Accident, suicide, or homicide?______ Date of injury______ 19_____

(Specify city or town, county and State)

23. If deeth was due to external causes (VIOL ENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ORD, Every ntem of PHYSICIANS should Exact statement of

A PERMA

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WRITE

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MARGIN RESERVED FOR BINDING

3847

M. D.

(Address) & 0 3 Catafeecon

HEALTH DEPARTMENT—CITY OF BALTIMORE

plu of	CERTIFICAT	TE OF DEATH (8)
PHYSICIANS sho Exact statement	1. PLACE OF DEATH CITY OF BALTIMORE: (No. Anne Grun	Registered No. 23 (If death occurred in a hospital or institution give its NAME instead of street and number.) The street and number. As the street and number.
classified.	(a) Residence: No(Usual place of abode)	St., Ward
CTI lass	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXX be properly cl k of certificat	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month, day, year) 4/12/32, 19 22. I HEREBY CERTIFY, That I attended deceased from 19
should be t it may h ns on bac	6. DATE OF BIRTH (month, day, year) 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
lly supplied. AGE plain terms, so the tant. See instruction	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Other contributory causes of importance:
should be carefusE OF DEATH in	13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Name of operation
informatic state CAUS OCCUPATI	17. INFORMANT OF S Cubra. (Address) 203 Saturaco Goe. 18. BURIAL, CREMATION, OR REMOVAL) Place Date (parl 2213)	Specify whether injury occurred in industry, in home, or in public place Manner of injury
8.3	19. UNDERTAKER (Address) 20. FILED April 21 1937 Market Alba	(Signed) A 0 3 Catales Oal

Den Registrar.

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Arteriosclerosis GECEIVED	1915	Attack of epilepsy	1 week ag
Chronic interstitual nephritis	1921	Run over by street car	1 week ag
Cerebral hemorrhage MAY 6 1931	July 5, 1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF D	DEATH	OF	CERTIFICATE	AN	MARYI	ATF OF	STAT	1
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3848

1	. PLACE OF DEA	TH	1/1/11				
County Anne Grundel Village or City Crownsville State Hospita					Registration Dist. No. 2		
	Village or City C1	rownsvil	le Stat	e Hospit	al No. St	_Ward	
				(If	death occurred in a hospital or institution, give its NAME instead of street and r	number)	
1	Length of residence In ci	ity or town where o	death occurred	yrsmos	ds. How long In U.S. If of foralgn birth?yrsmc)sds.	
2	FULL NAME	Hele	n Scott		If U. S. Veteran, specify WAR		
	(a) Residence: No.	418			Baktimor ward Maryland		
-	DECCONANT		(Usual place		If nonresident give city or town and	State	
•	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
3.		lack		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH April 2nd (Month) (Day)	, 193. 7 (Yaar)	
5a.	If marriad, widowed, or dive						
	(or) WIFE of	Richard	E. Sco	ott	March 22nd 19 37 to April 2nd		
			1891			7 death is said	
	DATE OF BIRTH (month, da AGE Yeers	y, end year) Months	Deys	If LESS then	to heve occurred on the dete stated above, at 6:35PmM.	.; death is said	
** 2	46		known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
_	1) Ormin.			were as follows: Exhaustion due to manic de-	Date of onset	
NO	kind of work done,	as SPINNER,	Domest	cic	pressive insanity		
ATI	9. Industry or business in which				pressive impairing		
OCCUPATION	work was done, as SAW MILL, BANK,	etc		- 			
Ö	10. Date deceased last worked at this occupation (month and spant in this						
	V year)		000	upation	Other Contributory Causes of Importence:		
12.	BIRTHPLACE (city or town)	Maj	ryland		The contract of the contract o		
_	(State or country)						
FATHER	13. NAME	hn Lewis	3				
ATE	14. BIRTHPLACE (city or to	own)	Marylar	nd	Neme of operation		
-	(Stata or country)				What tast confirmed diagnosis?	u!opsy?	
MOTHER	15. MAIDEN NAME	Sarah Tl	nomas		23. If death was due to external causes (VIOL ENCE) fill in also the following	:	
011	16. BIRTHPLACE (city or town) Maryland				Accident, suicide, or homicide? Dete of injury	, 19	
Σ	(Stete or country)				Where did injury occur?		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			Records	5	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.		
			lle, Mar	ryland	page (444 (444 page 444		
	18. BURIAL, CREMATION, OR REMOVAL			5/24	Menner of Injury		
M	willed Calus,	A	Date T.	, 19	Nature of Injury		
19. UNDERTAKER Junes M. Skenner			Skenn	rer	24. Was disease or Injury In my way water to occupation of aceased?		
(Address) 1/20- Deved Vill- Ballemore 200				Merros 200	If so, specify		
20.	FILED OM. S	1927 8	7. Joye	1.10	(Signad)	M. D.	
2.51	1	7	V 1	Registrar.	(Address) Crownsville, Maryla	nd)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	à*-	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AY 0 1001	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County anne Coundel	Registration Dist. No.
	No. St., Wardenhoose St., Wardenhoose In a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH April 20, 193 7. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams Foster Anyler	22. HEREBY CERTIFY, That I attended deceased for the state of the stat
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11:25 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Hunewill SAWYER, BDDKKEEPER, etc.	were as follows: Date of on
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation 4.4 grant 12. BIRTHPLACE (city or town) Bread break	Dther Contributory Consess of importance:
(State or country) United Wounded Co - made 13. NAME James 1. Steer and	Markensin
14. BIRTHPLACE (city or town) (State or country) Anne formal Co	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary Predrailes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) I amus grum old	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Multing J. Lyng dure (Address) & ambrilly B. A. B. 2011	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL 100 Place April 23, 19-3,	Manner of injury
19. UNDERTAKER F. Bascho Sono ma	724. Was disease or injury in any way related to occupation of deceased?
(Address) Board 1800 7	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE RESERVE TO THE RE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
to authorisation & change date &	buttle see letter filed						
under Ingder. 6/5/37. 12).							
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V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			Registration Dist. No. 21 No. Emergency Hospital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)			
County Anne Arunde	1					
Village or City Annapoli	.8					
Length of residenca In city or town where	daath occurred		sds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Baby Boy	Stanle	9	If U. S. Veteran, specify WAR			
(a) Residence: No. None	(Usual place		St, Ward. If nonresident give city or town and State			
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Spend 8 1937			
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of None	1 22.5		22. I HEREFY CERTIFY, Mat Lattended deceased from			
6. DATE OF BIRTH (month, day, and year)	ril 8.	1937	1 Jost saw h sine alive on allows 14 8 1937 death is said			
7. AGE Years Months None	Days	If LESS than I day,hrs.	o hava occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade profession or particular	None	ormin.	ware as follows: 4. Worn (7/2 mo) Oate of onset			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	AVI					
10. Date dacaasad lest worked at this occupation (month and year)	spai	ime (yaers) ntin this upation				
12. BIRTHPLACE (city or town) Annapo		*	Other Contributory Canses of Importance:			
E 13. NAME George D. St	aples		slace to + the do she laid			
13. NAME George D. St. 14. BIRTHPLACE (city or town). Kins (Stata or country) Vii	g George ginia	Co.	Name of operation Fareurs Date of #/19/3/ What tast confirmed diagnosis Classe of Was there an autopsy?			
		11	23. If daath was due to external causes (VIOL ENCE) fill in also the following:			
15. MAIDEN NAME Ethel Mo	polis		Accident, suicide, or homicide?			
17. INFORMANT George D. (Address) Annapolis,	Staples					
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md.	Date Apri	1 10,1937	Manner of injury			
19. UNDERTAKER John M. Tay (Address) Annapolis, M		John	24. Was disaase or injury in any wey related to occupation of deceased? If so, specify (Signed) J. M. M. D.			
C more	blanks are needed.	Begistrar. address State Registrar.	(Address) Man after Way of the Company of the Compa			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY & 1937	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-RECO AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PL V. S. No. 1

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	Pa)
1	County Cetter Curvel	Registration Dist. No. 23 21
	Village or City Mullersallo	No. St Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	elle XTA	
2	FULL NAME	If U. S. Veteran, specify WAR
	(a) Residence: No.	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OK RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH & Ch. 70 2
_	I male misoria	(Month) (Day) (Year)
5a.	Married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
	(or) WIFE of Dania L. Stone	19
6. 1	DATE OF BIRTH (month, day, end yeer) Mayeh 24/663	l lest saw h; death is said
7.	AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, etm.
	737 6 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence wase as follows:
N	8. Trade, profession, or particular kind of work done, es SPINNER.	Unknown Protect
ATIC	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	SIL
OCCUPATION	work wes done, es SILK MILL, Touse wite	Appene + oracrama)
00	10. Date deceased lest worked at 11 Total time (veers)	The Adaptive Wood-
-	this occupation (month and S spent in this occupation o	Other Coatributory Causes of Importence: De 18-19 38
12.	BIRTHPLACE (city or town) - THESTONY	
~	(State or country) Pennsy yania	Jones of Colos
FATHER	13. NAME Frederick Crowse	organia was region
FAT	14. BIRTHPLACE (city or town) MMKM OVY M	Name of operation and all the Determinations of the Determination of the
-	(State or country) Union ovy	What test confirmed diagnosis? Wes there an autopsy?
MOTHER	15. MAIOEN NAME AN ANOWN	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
N N	16. BIRTHPLACE (city or town) VM MM OWM (Stete or country) Vm KM OWM	Accident, suicide, or homicide?
	MI II - LOV D Starres	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17.	(Address) 305 Wayren Ave Bath	Ad
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Plece Da Ayın I Smod Dete & CQ. YQ1920	Neture of Injury.
19.	UNDERTAKER Thomas W Lugliton	24. Wes disease or impry in any way related to occurre from of deceased?
_	(Address) The Dunie, mg.	If so, specify
20.	FILEO Dec 20 1938 morgealla	(Signar) M. D.
	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 No Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSI	CIAN
				- ' '	-	4	

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7.0
County Anne arundel	Registration Dist. No. 2.5
Village or City Brooklyn	No. 30 S Edison St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foralgn birth?yrsmos
2. FULL NAME Caroline a Upton	
	If U. S. Veteran, specify WAR
(a) Residence: No. 308 Edison (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) Wallowed	21. DATE OF DEATH (Month) (Day) (Yaar)
ia. If merried, widowad, or divorced	22 A LUEDERY CERTIES That I altered descend for
(or) WIFE of Thomas a Upton	22. JHEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTII (month, dey, and yeer) Oct 19 1884	I last saw h aliva on
AGE Years Months Days if LESS than	to have occurred on the date stated above, at 103 Pm.
5'2 5 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	wara as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Housework as SAWYER, BOOKKEEPER, atc.	I want Cualung 143.
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as STLK MILL, howeless of the work was dona, as SILK MILL, howeless of the work was done which was done with the work was done with the w	
SAW MILL, BANK, atc	
this occupation (month and spent in this occupation	
	Other Contributory Causes of importanca:
(Steta or country)	Genral asthura
13. NAME Colores Biles	
13. NAME Cerron Biles 14. BIRTHPLACE (city or town) Canada	Neme of operation Date of
(Stete or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Complia & Pring 16. BIRTHPLACE (city or town) England	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) England	Accidant, suicide, or homicide? Date of injury19
(Stata or country)	Whare did injury occur?
7. INFORMANTIZ Calvert a Expton	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 308 Edipon st.	
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hull Oate Opril 10, 1937	Mannar of Injury
Piaca Lucit 1 July Oate Cypno 10, 1931	Nature of injury
19. UNDERTAKER John F Denny	24. Was disaase or injury In any way ralated to occupation of decaased?
(Addrass) / 910 Right St	If so, spacify
20, FILED agare 1 O19 37 Ida My Whilein	(Signad) William M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 5 my 6 15 5.	. 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
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PHYSICIANS should state Exact statement of OCCUPAof infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF	• • • • • • • • • • • • • • • • • • • •	OF MARYLAND—	CERTIFICATE (OF DEA	П	3853
County	Aune	freudel		Registration	Dist. No.	10
Village or C	ity forth	iace	No. If death occurred in a hospital or institut	ion, give its NAM	E instead of street an	
Langth of resi	idence in city of town where	death occurred yrs mo	sds. How long in U.S. if of	foreign birth?	yrs	_mos
2. FULL NA	MESUUL	Longe Chilla	. (Mallace)			
(a) Residen	ice: No.	(Usual place of abode)	Cst., Ward.	If nonresident	give city or town a	and State
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR-OR RACE	5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH	Afr	el 7	193
a. If married, widow	red, or divorced	18		(Month)	(Oay)	(Year)
HUSBAND of (or) WIFE of	Still	1 true	22. I HEREBY			
		FA 7th 1937			10	
AGE Yas	(month, day, and year) /	Oays If LESS than	to have occurred on the data state		, 19 m	; geath is t
. AGE 180	ns months	1 day,hrs.	n e e e e e e e e e e e e e e e e e e e	7		Oate ot on
8. Trada, profa	ssion, or perticular work dona, as SPINNER, , BOOKKEEPER, etc	none	Mello	1000		
9. Industry or	business in which s done, as SILK MILL,	/,	-/			
SAW MIL	LL, BANK, etc					
	ed last worked at pation (month and	11. Total time (years) spent in this				
year)	// ///	occupation	Other Contributory Canses of impo	rtance:		
12. BIRTHPLACE (ci		ary aced				
1	Allen O	Millago				
13. NAME	January .	This				
14. BIRTHPLACE	E (city or town)	Med Med	Name of operation		-	
		Shorker e.	What test confirmed diagnosis?			
	October	, ,	23. If death was due to external cau Accidant, suicide, or homicide?			
5 16. BIRTHPLACE	E (city or town)	degla	Where did injury occur?		vate of injusty	, 20
17. INFORMANT (Address)	Mary /	gelace	Specify whether Injury occurred in	(Specify city on INDUSTRY, In H	r town, county and S OME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMAT	TION, AR RESPONAL	111	Manner of injury			
Place LL	a from	Date 4/8 193/	Nature of injury			
19. UNDERTAKER	Cleary	Mallace	24. Was diseasa or injury in any w	related to ocean	pation of deceased?	
20. FILED	7,1937	W.R. Clayton	If so, specify (Signed)	Leg	407	19
		Sephrull Registrar.	(Address)	other	el les	1. 180

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Ξ	H	52
	RECO	. PH	Exact
MARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	carefully supplied. AGE should be stated EXACTLY. PHYS	TH in plain terms, so that it may be properly classified. Exact st
FOR	IS A	stated	prope
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IAKGIN	UNFADI	upplied.	terms, so
2	WITH	fully s	n plain
	LY, I	care	TH in

N. B.

STATE OF M	ARYLAND-	CERTIFICATE	OF DEATH
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3854

1. PLACE OF DEATH County Anne Wes	undel		Registration Dist. No.
Village or City Chauch	swille	yrs. 4 mos	
(a) Residence: No. 44th	Drack wille, 1	held montgome	If U. S. Veteran, specify WAR
	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4. COLOR OR RACE Coloned		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months 8. Trade, profession, or particular	peil 19 0ays	If LESS than 1 day,hrs. ormin.	i last saw h in the late stated above, et it m. it is seint to have occurred on the date stated above, et it m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10: Oate deceased lest worked at this occupation (month and year)	11. Totel ti	ime (years) nt in this upation	Hypersense vascular Lexion of Lebesin 10 hro The operation splanebactory was performed for hypertension. Certific. Other Contributory Causes of importance:
13. NAME Seeing estant 14. BIRTHPLACE (city or town) Trace (Stete or country)	ylon	l.	Neme of operation Splancheshowy Dete of 4/1/32 What test confirmed diegnosis? Clemes Was there an eutopsy? He
15. MAIOEN NAME Elsie Tharfield. 16. BIRTHPLACE (city or town) Margland. (State or country) 17. INFORMANT Laspital Records. (Address) Englishment State (Address) Englishment Englishment State (Address) Englishment State (Address) Englishment Englishm		ld d	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Brokesky roof marylo		-/37,19	Manner of injury
19. UNOERTAKER Roy 24 - Bo (Address) free fysher 20. FILED AM. 2, 19.3.7 Es	A Joz	ryland.	24. Was disease or injury in eny way related to occupation of deceased. If so, specify (Signed) (Address) Forward will stake Hospital

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The same of the same of the	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1027	July 5,1927	Peritonitis	3 days ago	
1	PUDEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FATHER 13 NAME Maryland 14. BIRTHPLACE (city or town). (State or country) MOTHER Lina Gates 15. MAIDEN NAME f6. BIRTHPLACE (city or town). (State or country)

18, BURIAL, CREMATION, OR REMOVAL

20. FILED

24. Was disease or injury in any wey releted to occupation of deceased? If so, specify

Manner of Injury

Neture of injury

Name of operation...

(Address) YrownSville Maryland

(Specify city or town, county and State)

Whet test confirmed diegnosis? Wes there an autopsy 198

23. If death was due to externel ceuses (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Education V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND— 1. PLACE OF DEATH County Ann Armole Village or City Noved Linehicen	CERTIFICATE OF DEATH Registration Dist. No.	385G	
Length of residence in city or town where death occurred yrs. # mos 2. FULL NAME Miss Herrita Julia Winte (a) Residence: No. Heart (Usual place of abode)	St., Ward. If nonresident give city or town and	nosd:	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	., 193.7 (Year)	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1931 spent in this year).	to have occurred on the date stated above, et / 2: 29 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Brown died Agrand	Date of onse Proced 1-1	
12. BIRTHPLACE (city or town) Manchante (State or country) pnd.	Other Centributery Causes of importance:		
13. NAME Joseph Winter 14. BIRTHPLACE (city or town) Glesurary (State or country)	Name of operation Dete of What has a second disposite Color and Detection What has a second disposite Color and Detection Dete		
15. MAIDEN NAME Easily Lindways 16. BIRTHPLACE (city or town) Manchester (State or country)	What test confirmed diagnosis? Wes there an autopsy? 23. If deeth was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dale of Injury		
17. INFORMANT Mrs. Grace Ethninge (Address) M. Rinkfleiger	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) LACE.	

-WRITE

B. ż 18. BURIAL, CREMATION, DR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury.

If so, specify

24. Was diseese or injury in any way related to occupation of deceased?____

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN